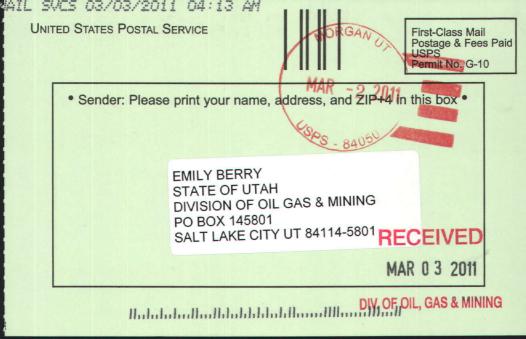
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
CHARLES PENTZ ESTATE PO BOX 794 205 & MORGEN UT 84050 VALLEY DR	Service Type     □ Certified Mail □ Express Mail     □ Registered □ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
EB 3-1-11 m1029/0008	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7004	2510 0004 1824 7364
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-154



## U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

EBO 3-1511 Culora 1000 SE		
Postage	\$	Tentative Apr
Certified Fee	es is desure	
Return Receipt Fee (Endorsement Required)	Maria S	Postmark Here
Restricted Delivery Fee (Endorsement Required)		

Total Po

364

1824

4000

2510

7004

CHARLES PENTZ ESTATE
PO BOX 794
Street, Ap MORGAN UT 84050

City, State